STATE OF CONNECTICUT

DEPARTMENT OF PUBLIC HEALTH

TESTIMONY PRESENTED BEFORE THE PUBLIC HEALTH COMMITTEE
March 15, 2013

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House Bill 6518 - An Act Concerning Emergency Medical Services

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The Department of Public Health opposes House Bill 6518 and would like to provide the following information. This bill eliminates the Advisory Committee on Emergency Medical Services, removes the specificity of the Department's rate setting process, allows each municipality to assign their own primary service areas and responders rather than the central office of the Department's Emergency Medical Services (EMS) Section making those assignments, and removes some duties of the Department's regional emergency medical services coordinators.

The emergency medical services system is called a "system" for good reason. Like a safety net, the EMS system comprehensively ensures coverage of every community in the state. When you need an ambulance anywhere in Connecticut you are within someone's service area and they will respond. This system is administered fairly and with due process by a central authority at the state level. Within the Department, the Office of Emergency Medical Services performs the functions of service area assignment, statute and regulation enforcement, and rate setting. These processes are publicly codified in regulations. The Department and the Advisory Committee on Emergency Medical Services are working together to develop a more effective relationship. However, the Department would be willing to participate in discussions regarding streamlining the membership of both groups.

The current statutes offer a robust and transparent rate setting process, employed by the Department's Office of Emergency Medical Services, regarding rates for the various levels of EMS service. The changes requested in HB 6518 regarding the rate setting process seem to remove the transparency and place the onus of rate setting solely on the Commissioner.

Primary Service Areas (PSA) and Primary Service Area Responders (PSAR) were created to ensure statewide coverage of emergency medical services and a coordinated response to emergency calls to minimize the time between the occurrence of a sudden injury or illness and the delivery of care at the scene. The state's emergency medical services delivery system establishes tiers of care in order of increasing life-saving skills (i.e., first responder, basic ambulance, and advanced life support) and assigns PSAs (geographic areas) to specific EMS

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providers for each tier of service. PSAs may cover all or portions of several towns. It is the Department's responsibility to assign a responder for each primary service area in the state at each service level.

A mechanism is currently in place for oversight of local EMS PSARs by the municipality, though the vast majority of municipalities have not employed it, via the local EMS plan. Currently, the Department has a process in place to revoke an assigned service area from one provider and assign it to another if a local chief elected official petitions the department to do so and the Department determines that an emergency situation exists, the responder's performance is unsatisfactory, or it would be in the best interests of patient care. While proposed language allows for appeal of a municipality's ruling to the Commissioner, it does not define what power the Commissioner has, which may lead to inconsistent decision-making.

The Department has observed an inconsistency in the interest of municipalities regarding primary service areas. The Department is concerned that transferring responsibility for PSAR assignment to municipalities would not improve EMS service delivery and could result in less system stability and reduced EMS infrastructure. With such inconsistencies we feel that it would be in the best interest of consistent emergency medical service delivery that municipalities work to better utilize and leverage current oversight mechanisms. Municipalities are empowered and directed by statute to develop local EMS plans that contain performance measures.

Lines 275 through 289 will remove the administrative process regarding requests for approval for new or expanded emergency medical services, which in effect, removes the transparency of the "need for service" process. This process include a public hearing in the providers geographical region to determine the need for such services and provides an exemption for volunteer ambulance services who do not charge for their services. The current process serves the EMS system well and should continue.

The Department appreciates the opportunity to provide this information to the Committee.

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